

**ALABAMA MINISTRY NETWORK of the ASSEMBLIES OF GOD**  
**2024 SCHOLARSHIP APPLICATION**  
**Deadline: February 16, 2024**

Name \_\_\_\_\_ Your Email \_\_\_\_\_

Address \_\_\_\_\_ Your Phone (\_\_\_\_) \_\_\_\_\_  
City State Zip

Sex: F M Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Are parents living? Father: yes\_\_\_\_ no\_\_\_\_ Mother: yes\_\_\_\_ no\_\_\_\_

Father's Name \_\_\_\_\_ Father's Email \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Father's Phone (\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Email \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Mother's Phone (\_\_\_\_) \_\_\_\_\_

Guardian's name and address: \_\_\_\_\_

Are there other children in your family? \_\_\_\_\_ How many older? \_\_\_\_\_ How many younger? \_\_\_\_\_

Including yourself, how many children in the family will be attending college this fall? \_\_\_\_\_

It is a requirement of the scholarship program that recipients must attend an Assemblies of God college/university endorsed by the Commission on Christian Higher Education the Fall immediately following their graduation from high school or when advancing in their graduate or post-graduate work. Which endorsed A/G college do you plan to attend?

\_\_\_\_\_

**FINANCIAL NEED**

In 50 words or less, describe your need for financial assistance to attend an Assemblies of God college. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What financial aid have you applied for and/or do you expect to receive for college? Describe and give amounts. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What financial assistance will you receive from your parents? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL ANNUAL FAMILY INCOME (Please check where appropriate.)

\$25,000-\$40,000\_\_ \$40,000-\$55,000\_\_ \$55,000-\$70,000\_\_ \$70,000-\$100,000\_\_ \$100,000-\$150,000\_\_ \$150,000 or more \_\_

EMPLOYMENT RECORD (Start with your most recent work experience.)

Company/Employer	Type of Work	Avg. Hours Per Week	Dates	Name of Supervisor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please circle the scholarship(s) you feel you are eligible to receive:

Superintendent's \$5,000    Pastor's Dependent \$4,000    Church Ministry \$3,000    Distance Learning \$1,000

**ACADEMIC ACHIEVEMENT**

High School or College \_\_\_\_\_

Address of High School or College \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name of guidance counselor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Your graduation date \_\_\_\_\_ Your grade point average \_\_\_\_\_ on what scale? \_\_\_\_\_

Your rank in class: Number \_\_\_\_\_ in a class of \_\_\_\_\_ students

ACT \_\_\_\_\_ SAT \_\_\_\_\_ Other standardized test scores (specify) \_\_\_\_\_

What is your declared college major? \_\_\_\_\_

**List all academic honors.** Include Honor Roll, National Honor Society membership, Beta Club, National Merit Scholar, etc. Be specific.

Honors	Explain	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EXTRACURRICULAR HIGH SCHOOL OR COLLEGE ACTIVITIES**

HIGH SCHOOL OR COLLEGE CLUBS/ORGANIZATIONS (Examples: Speech/Debate, Journalism/Media, Math, History, SGA, Drama, ...)

Club/Organization	Explain/List Positions, Honors	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MUSIC GROUPS

Group	Position/Awards/Office	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SPORTS TEAMS

Team	Position/Awards/Letters	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMMUNITY ACTIVITIES *(Examples: Junior Achievement, Rotary Club, Scouts, Special Olympics, Candy Striper, etc.)*

Activity	Explain	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CHRISTIAN SERVICE**

Name of local church you attend \_\_\_\_\_

Church Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Church Email \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Pastor's Email \_\_\_\_\_ Pastor's Phone (\_\_\_\_) \_\_\_\_\_

YOUTH MINISTRY

List positions and/or responsibilities you have held in your youth group.

Position/Responsibility	Dates
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List all youth group programs in which you have participated and level of participation, such as Fine Arts Festival, Bible Quiz, Ambassadors in Missions (AIM), Youth Alive, special youth projects, etc.

Program	Level (Local, Regional, National)	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CHRISTIAN EDUCATION MINISTRY**

List positions and the responsibilities you have held in the Christian Education programs at your church, such as Sunday School, Small Group Discipleship, VBS, nursery, Children’s Church, Royal Rangers, Girls Min, etc. Include regular Sunday School attendance.

Attendance/Position/Service	Date(s)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**OTHER MINISTRY**

Please list positions and responsibilities you have held in your church not previously listed under Christian Education or Youth Ministry. (Examples: Music, Drama, Usher, Visitation, Custodian, Praise Team, Compassion ministries, Nursing Home Outreach, etc.)

Position/Responsibility	Date(s)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**ADDITIONAL INFORMATION**

**CHRISTIAN LIFE**

Date and place of your conversion \_\_\_\_\_

Date and place of your baptism in water \_\_\_\_\_

Date and place of your baptism in the Holy Spirit \_\_\_\_\_

In 25 to 30 words, evaluate your personal spiritual growth and maturity, including a description of your personal devotions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REFERENCES

Have you completed the top section of your High School or College and pastor's reference forms and requested that your reference send the completed forms to the district office? Yes \_\_\_\_\_ No \_\_\_\_\_ Please list the names of your references.

**(Application will be considered incomplete without both references.)**

High School or College reference (preferably your guidance counselor): NAME \_\_\_\_\_  
TITLE \_\_\_\_\_

Pastor's reference (**cannot be a relative**): NAME \_\_\_\_\_  
TITLE \_\_\_\_\_

**\*If your pastor is a relative, this reference should be from an associate pastor, elder, or deacon who knows you well.**

### **ESSAY ON EXPECTATIONS for YOUR COLLEGIATE EXPERIENCE**

**On a separate page express in 300 words or less** how an Assemblies of God college education will help in the growth of your personal Christian experience and in preparation of your life's vocation. Please give your selected ministry/profession in this essay. Grammar and writing style will be evaluated. The judges prefer the essay to be typed. Please include a word count.

### **MISCELLANEOUS**

Will you permit us to use pertinent data from this application and from references for articles in our publication?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you enclosed one (1) good recent photo for use in publicity? Yes \_\_\_\_\_ No \_\_\_\_\_

**Have you requested that a copy of your most recent school transcript be sent to the office of the Alabama District Council?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**(Application will be considered incomplete without photo and transcript.)**

### **APPLICANT'S SIGNATURE**

All the information I have provided on this application is true and accurate.

Signature \_\_\_\_\_  
(Applicant)

Date \_\_\_\_\_

### **PASTOR'S SIGNATURE**

All the information I have read in this application is true and accurate to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
(Pastor's name printed or typed)

**\*\*It is the Student's responsibility to see that the completed application and all supporting documents are in the office of the Alabama Ministry Network of the Assemblies of God, 5919 Carmichael Road, Montgomery, AL 36117 no later than **February 16, 2024****

**ALABAMA MINISTRY NETWORK of the ASSEMBLIES OF GOD – 2023 SCHOLARSHIP APPLICATION  
HIGH SCHOOL, COLLEGE, GRADUATE SCHOOL EDUCATIONAL REFERENCE**

**Deadline: February 16, 2024**

**Top portion to be completed by APPLICANT:**

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

WAIVER FORM: I, \_\_\_\_\_ the undersigned, hereby voluntarily waive any right or privilege provided by Public Law 93-280 to inspect or challenge the content and comments expressed in this letter of recommendation. I expect that the observations made shall remain confidential between the writer and the person or organization to whom my file will be addressed.

Date \_\_\_\_\_ Signature \_\_\_\_\_

\*\*\*\*\*

**Everything Below To be completed by HIGH SCHOOL, COLLEGE, or GRADUATE SCHOOL REFERENCE:**

<u>(please check)</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Not Known</u>
Emotional Stability	_____	_____	_____	_____	_____
Personal appearance	_____	_____	_____	_____	_____
Moral character	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Cooperativeness	_____	_____	_____	_____	_____
Respect for authority	_____	_____	_____	_____	_____
Religious life	_____	_____	_____	_____	_____
Academic achievement	_____	_____	_____	_____	_____
Class Attendance	_____	_____	_____	_____	_____

In what way have you been associated with the applicant? (Principal, counselor, teacher, etc.) \_\_\_\_\_

How long have you been acquainted with the applicant? \_\_\_\_\_

Would you recommend this person, without reservation, for a college scholarship? \_\_\_\_\_ If "no," please explain on the reverse side.

To your knowledge, does the applicant use alcohol, tobacco, or illegal drugs? \_\_\_\_\_

PLEASE SEND A TRANSCRIPT of the applicant's work with this reference. In addition to the transcript, please complete this section.

Rank in class: Number \_\_\_\_\_ in a class of \_\_\_\_\_ students. GPA \_\_\_\_\_ on a scale of \_\_\_\_\_

If available, has applicant taken weighted honors courses? Yes \_\_\_\_\_ No \_\_\_\_\_ Not available \_\_\_\_\_

On the other side of this sheet please give any comment that you think would be of assistance in considering this applicant for a scholarship.

Standardized Test Scores

<u>Name of Test</u>	<u>Date Administered</u>	<u>Raw Score</u>	<u>Percentile</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PLEASE PRINT:** Your name \_\_\_\_\_ Your position \_\_\_\_\_

School / College \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Your Phone \_\_\_\_\_ Your Email Address \_\_\_\_\_

**YOUR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PLEASE MAIL or EMAIL COMPLETED FORM by February 16, 2024 to [jharris@amnag.org](mailto:jharris@amnag.org),  
OR Alabama Ministry Network of the Assemblies of God - 5919 Carmichael Road - Montgomery, AL 36117-2507**

**ALABAMA MINISTRY NETWORK of the ASSEMBLIES OF GOD – 2023 SCHOLARSHIP APPLICATION  
PASTORAL REFERENCE**

**Deadline: February 16, 2024**

**Top portion to be completed by APPLICANT:**

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

WAIVER FORM: I, \_\_\_\_\_ the undersigned, hereby voluntarily waive any right or privilege provided by Public Law 93-280 to inspect or challenge the content and comments expressed in this letter of recommendation. I expect that the observations made shall remain confidential between the writer and the person or organization to whom my file will be addressed.

Date \_\_\_\_\_ Signature \_\_\_\_\_

\*\*\*\*\*

**Everything Below To be completed by PASTOR:** \*If you are a relative of the applicant, please have another pastoral staff person or a member of the church board complete this form.

**Dear Pastor:**

We believe that you are interested in the future of the young person from your church named above. He/She is applying for one of the tuition scholarships in the Alabama District Council of the Assemblies of God. Your cooperation in answering a few questions will be of great value in helping us to evaluate this application. A prompt reply will be deeply appreciated and held in confidence. **Please note it is due by February 16, 2024.**

How long have you been acquainted with the applicant? \_\_\_\_\_

Briefly describe why you believe the applicant is an outstanding member of your church and qualified for this scholarship.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe ways this person exhibits a consistent Christian witness. \_\_\_\_\_  
\_\_\_\_\_

To your knowledge, does the applicant use alcohol, tobacco, or illegal drugs? \_\_\_\_\_

**On separate page / reverse side of this form:** **1)** Please make a brief statement as to the financial status of the applicant. (Finances can be a factor, among others, in awarding this scholarship); **2)** Please make additional helpful comments that will assist the committee in considering this applicant for a scholarship.

Do you endorse this applicant without reservation? Yes \_\_\_\_\_ No \_\_\_\_\_ If "no," please explain on the reverse side.

(Please check)	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Not Known</u>
Emotional stability	_____	_____	_____	_____	_____
Personal appearance	_____	_____	_____	_____	_____
Moral character	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Cooperativeness	_____	_____	_____	_____	_____
Respect for authority	_____	_____	_____	_____	_____
Church Involvement	_____	_____	_____	_____	_____
Spiritual life	_____	_____	_____	_____	_____

**PLEASE PRINT:** Your name \_\_\_\_\_ Your position \_\_\_\_\_

Your local church name \_\_\_\_\_ District \_\_\_\_\_

Church address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church Phone \_\_\_\_\_ Your Email Address \_\_\_\_\_

**YOUR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_